

Nutrition Screening

Infants and young children with developmental disabilities are vulnerable to nutrition-related problems that can pose barriers to their overall health and development. A nutrition screening tool is critical for early identification of children with nutrition-related concerns. Birth to 3 Program staff has not had access to a standardized nutrition screening tool. To address this issue, the Wisconsin Infant/Young Child Nutrition Coalition developed the Birth to 3 Program Nutrition Screening Tool. The Nutrition Screening Tool was designed to assist Birth to 3 Programs in systemically identifying children at nutritional risk and a process for nutrition assessment referral/service coordination.

The Birth to 3 Nutrition Screening Tool is easy to administer and quickly identifies the child at nutritional risk. It is recommended that a Birth to 3 staff member complete the nutrition screening tool with the parent/caregiver and not give it to the parent/caregiver to complete alone. Staff may conduct the nutrition screening in a way that allows for conversation to flow naturally, ask open-ended questions, and use as a guide for discussing nutrition, growth and feeding related concerns with the parents/caregivers.

The initial nutrition screening can easily be completed as part of the initial intake and evaluation process. Because children's growth and development is continual, screening for nutrition concerns should be an ongoing process. Therefore, if the child is not initially identified to be at nutritional risk, a nutrition re-screen may be conducted with each periodic review of the IFSP.

If a child is identified to be at nutritional risk, the referral/service coordination process for a nutrition assessment will follow with the parent/caregiver's consent. A nutrition assessment involves a comprehensive assessment of the child's overall nutritional status, growth measurements, lab values, medical data, dietary and feeding history, drug/nutrient interactions, and environmental influences followed by appropriate intervention prescribed in the individualized nutrition treatment plan. A Registered Dietitian (RD), preferable with pediatric experience, conducts the nutrition assessment.

The results of the nutrition assessment should be reviewed at the child's IFSP meeting to consider outcomes related to nutrition concerns. Regardless if the Registered Dietitian providing the nutrition assessment is the Birth to 3 RD, private RD associated with a primary care provider or hospital/clinic; it is recommended that the Birth to 3 Program develop a communication link with the Registered Dietitian.

Children are not eligible for Birth to 3 services based on issues related to their nutrition status alone, but may be eligible due to a medical condition or a significant developmental delay with which nutritional needs are associated. Some children are eligible for the Birth to 3 Program, yet have nutritional needs that are medical in nature and therefore not the responsibility of the Birth to 3 Program to provide. The following scenarios are offered to clarify when nutrition services are a Birth to 3 Program responsibility and when they are a medical service that falls outside the Birth to 3 Program system:

- *Scenario One – Child Eligible for Birth to 3 Program, Not Referred for Nutrition Services*

Rosa was born prematurely and had several health complications at birth. The hospital's discharge planner referred Rosa to the county Birth to 3 Program due to prematurity and other concerns. The local Birth to 3 provider visited Rosa and her parents at their home to orient them to the Birth to 3 Program and to find out from the parents their questions and concerns related to Rosa's needs. The provider explained that in the intake and evaluation process a nutrition screening tool would be used. While administering the tool, the parents and Birth to 3 provider noted that the child was born seven weeks prematurely (Section 1 of the tool) and that Rosa has no other concerns (Section 2 of the tool). The Birth to 3 provider explained that Rosa does not meet the criteria for a nutrition assessment referral at that time, but they should plan to rescreen if any concerns arise. Since Rosa was later found to be eligible for the Birth to 3 Program due to a motor delay, the Birth to 3 provider explained to the family that Rosa would be rescreened for nutritional concerns at the next IFSP update.

- *Scenario Two – Child Eligible for Birth to 3 Program, Nutrition Services through Registered Dietitian.*

Anna was born 12 weeks premature and developed Bronchopulmonary Dysplasia. She has been followed by an interdisciplinary health care team in a pediatric pulmonary outpatient clinic. She is eligible for the Birth to 3 Program because she has significant developmental delays. When the Birth to 3 provider screened Anna's nutritional status, it was found that Anna's parents spent longer than 30 minutes to feed Anna. Since Anna has a medical condition (Section 1 of the tool) and a feeding concern (Section 2 of the tool), Anna is eligible for a nutrition assessment by a Registered Dietitian. However, when this recommendation was suggested to Anna's parents, they explained that Anna has been followed by a Registered Dietitian from the interdisciplinary health care team in the pediatric pulmonary outpatient clinic. The Birth to 3 provider documented this information and with parent's consent contacted the Registered Dietitian at the clinic. The Registered Dietitian provided a copy of Anna's nutrition assessment results and treatment plan which was reviewed by the team at the IFSP meeting.

- *Scenario Three – Child Eligible for Birth to 3 Program, Nutrition Services through Primary Care Provider*

Kate is a one year old child with a seizure disorder and significant developmental delays who has been referred to the Birth to 3 Program by her child care provider. Her seizures are not well controlled and feedings are difficult. The nutrition screening tool is administered by the Birth to 3 Program provider with Kate's family. In addition to the seizure disorder (Section 1 of the tool), Kate is difficult to feed (Section 2 of the tool), and therefore, Kate meets the nutritional risk criteria. The Birth to 3 Program, with the family's consent, refers Kate back to her doctor. When Kate and her family visit the doctor, he recommends a trial on the ketogenic diet and refers Kate and her family to a Registered Dietitian affiliated with the pediatric outpatient clinic. In addition to education on the ketogenic diet, the Registered Dietitian will also assess potential drug/nutrient interactions of the seizure medications and may recommend a

vitamin/mineral supplement. The Birth to 3 Program Service Coordinator notes this service on the “other services” section of the IFSP.

- *Scenario Four – Child Eligible for Birth to 3 Program, Nutrition Services through Birth to 3 Program*

Brenda was born three weeks prematurely and had several health complications at birth. She was eligible for the Birth to 3 Program based on significant delays in her development. Her parents, after a referral to the Birth to 3 Program, noted their concerns about her feeding habits and ability to gain weight in order to perform age appropriate tasks. When administering the nutrition screening tool with the family, Brenda was found to be at nutritional risk due to her lack of weight gain and difficulty feeding (Section 2 of the tool). The family consented to the Birth to 3 Program provider sending the nutrition screening referral form to their doctor for nutritional intervention. However, there was no Registered Dietitian available to perform the nutrition assessment through the physician. The Birth to 3 Program then contracted with a Registered Dietitian from their county health department to conduct the nutrition assessment. The Registered Dietitian reviewed the nutrition assessment results and treatment plan with the Birth to 3 team at Brenda’s IFSP meeting. The team concluded that Brenda’s nutritional needs were related to her developmental outcomes and included nutrition outcomes in the IFSP.

- *Scenario Five – Child not Eligible for Birth to 3 program services but with Need for Nutrition Services*

Sam was born with a heart defect, which required hospitalization and surgery after birth. While in the hospital, Sam required a feeding tube to receive proper nutrition. When he came home after surgery, his mother had difficulty with the transition to oral feedings. Sam was referred to the Birth to 3 Program for assistance with oral motor skills and feeding issues. Sam was evaluated and found not eligible for the Birth to 3 Program because he was at or close to age level in all areas of his development. However, after administering the nutrition screening tool with Sam’s Mom, Sam was found to be at nutritional risk due to his heart defect condition (Section 1 of the tool) and history of tube feeding (Section 2 of the tool). The Birth to 3 provider recommended that the mother contact her primary care provider as soon as possible and ask for a referral to a Registered Dietitian for a comprehensive nutrition assessment. Mom told the Birth to 3 provider that she didn’t have a primary care provider. The Birth to 3 provider will call the public health Registered Nurse and ask the nurse to assist with a referral to locate a primary care provider and a Registered Dietitian.